

December 14, 2021  
Meeting Packet

# Meeting Agenda

**Community Benefits Advisory Committee (CBAC)  
Beth Israel Deaconess Medical Center (BIDMC)  
Tuesday, December 14, 2021  
5:00 PM – 7:00 PM**

I. 5:00 pm – 5:05 pm	<b>Welcome and Introductions</b>
II. 5:05 pm – 5:20 pm	<b>Public Comment</b>
III. 5:20 pm – 5:30 pm	<b>Annual Updates (Conflict of Interest Statement, Charter, CBAC Survey)</b>
IV. 5:30 pm – 6:30 pm	<b>FY 22 Community Health Needs Assessment (Youth Advisors, Preliminary Findings)</b>
V. 6:30 pm – 6:50 pm	<b>Health Neighborhoods Update</b>
VI. 6:50 pm – 7:00 pm	<b>Next Steps and Adjourn</b>

**Next Meeting: March 22, 2022**

# Meeting Slides


# BIDMC Community Benefits Advisory Committee Meeting

December 14, 2021



Beth Israel Lahey Health

## Housekeeping




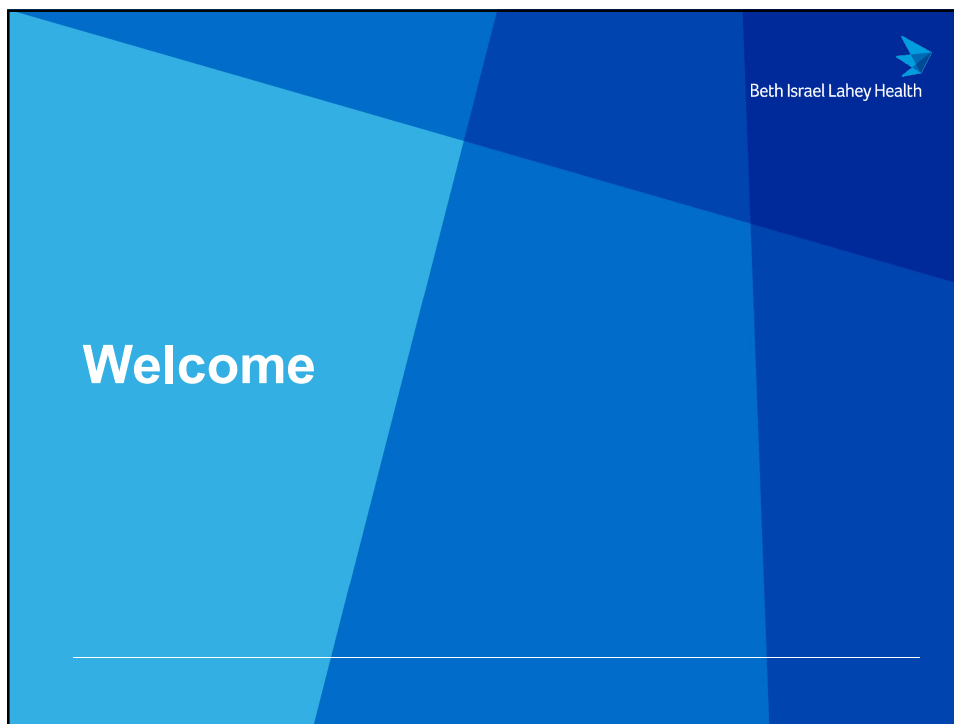
Beth Israel Lahey Health

- Please join the meeting using video (if possible)
- If you lose your connection, please call in
  - Phone number: 1-301-715-8592
  - Meeting ID: 947 6462 3664
- Everyone will be muted upon arrival
- Please use the chat function for requests to be unmuted, to ask questions, or to make comments
- Our Zoom moderator is Jamie

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BIDMC Annual Public Meeting | September 2021


Beth Israel Deaconess Medical Center 



## Content




- Welcome and Introductions
- Public Comment
- Annual Updates
  - Conflict of Interest Policy and Disclosure Statement, Charter, CBAC Survey
- FY 22 Community Health Needs Assessment
  - Youth Advisors Presentation
  - Preliminary Findings
- Healthy Neighborhoods Update
- Next Steps and Adjourn



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# Public Comment

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# Annual Updates (Conflict of Interest Policy and Disclosure Statement, Charter, CBAC Survey)

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## Conflict of Interest (COI) Policy and Statement

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- **Purpose:** Protect the integrity of the CBAC's decision-making process
- **Disclosable Interests:** Volunteer or governance roles (e.g. Board of Directors seat), compensation arrangements (e.g. Employer or consulting client), material ownership or investment interests (e.g. holding stock, being a part-owner)
- **Timing:** Upon joining the CBAC, annually, or when your situation changes (ad hoc)
- Disclosures are not necessarily conflicts of interest
- COI's are not required by any regulatory body; BIDMC considers COI disclosure statements to be a best practice
- **Next Step:** COI will be emailed to you as a follow up to today's meeting

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Medical Center



## Attorney General's Office FY 21 Forms

Beth Israel Lahey Health 

### Overview - Community Representative Feedback Form

- Required annually by the Attorney General's Office (AGO)
- Completed by the hospital's CBAC members and other community partners to assess community engagement processes
- CBAC member request:
  - Fill out the form and email directly to:
    - Attorney General's Office (at [CBAdmin@state.ma.us](mailto:CBAdmin@state.ma.us))
    - Please copy [jamie.goldfarb@bilh.org](mailto:jamie.goldfarb@bilh.org)
- Due Date: **January 14, 2022**
- **Next Step:** Form will be emailed to you as a follow up to today's meeting


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## Attorney General's Office FY 21 Forms

### Overview - Community Representative Feedback Form



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- Community Representative Feedback Form Overview
  - Section 1: Background information
  - Section 2: Level of engagement across Community Health Needs Assessment (CHNA) and/or Implementation Strategy
  - Section 3: Engagement Experience
- CBAC responses help inform BIDMC's Community Benefits program and future Community Benefits guidelines from the Attorney General

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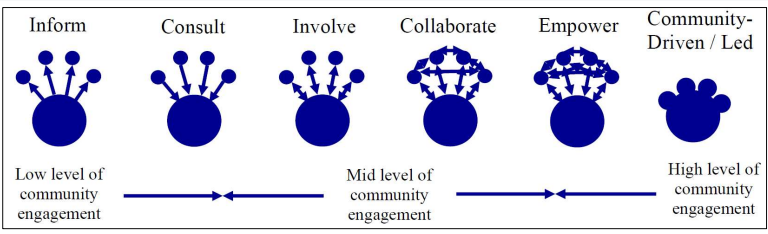
## Attorney General's Office FY 21 Forms

### Hospital Self-Assessment Form



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	FY 21 Level of Engagement	FY 22 Level of Engagement Goal
Engagement in developing and implementing plan to address significant needs documented in CHNA	Involve	Collaborate
Implementing Community Benefits programs	Collaborate	Collaborate
Update Implementation Strategy	Consult	Collaborate

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## Charter and Survey Update

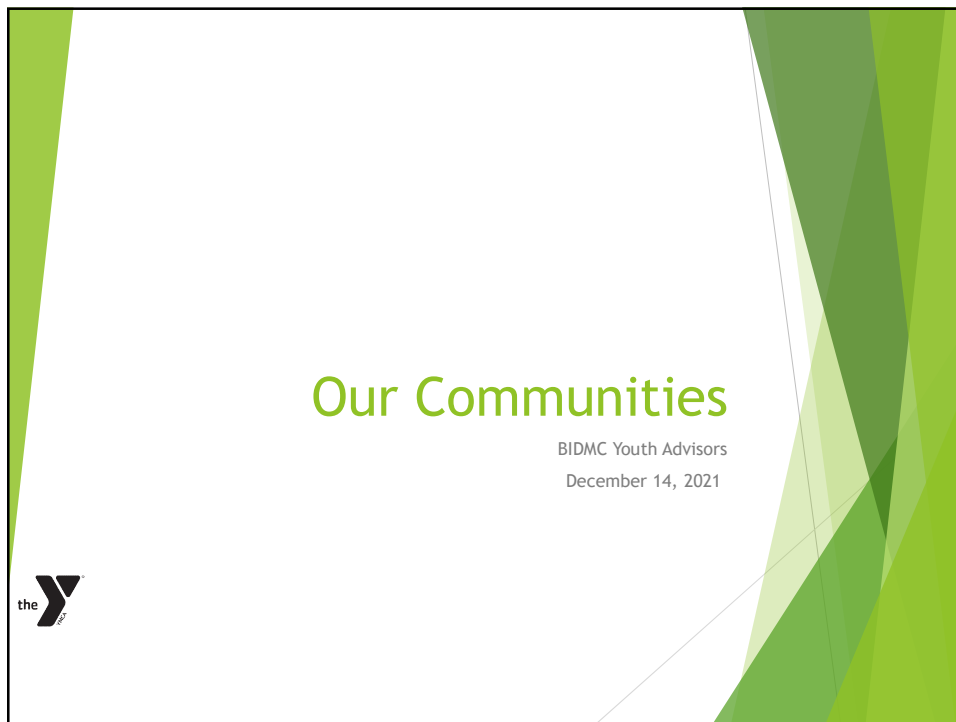


- Community Benefits Advisory Committee (CBAC) Charter
  - Updated in 2020 to encompass a broader range of Community Benefits activities and align with Attorney General Office requirements; removed items that were no longer relevant
  - Charter will be updated in 2022
  - Annual CBAC member survey
    - Administered every year to measure CBAC effectiveness and satisfaction
    - 2021 CBAC survey will be administered at the end of today's meeting by Health Resources in Action (HRiA)

A slide with a blue geometric background. The text "FY 22 Community Health Needs Assessment" is centered in white. The Beth Israel Lahey Health logo is in the top right corner.

# FY 22 Community Health Needs Assessment

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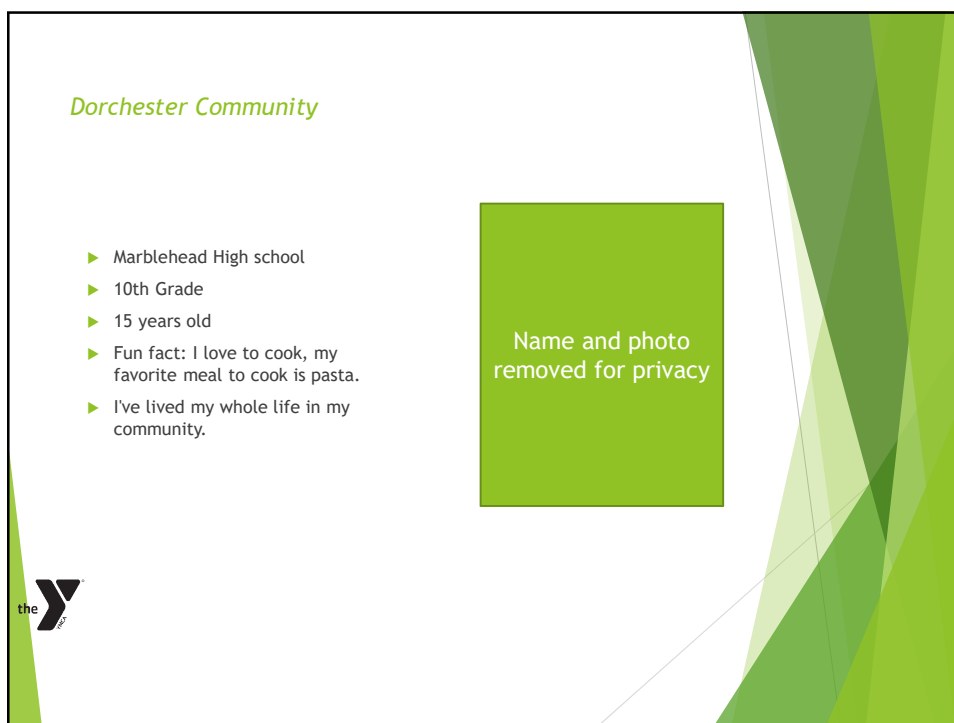


## What we have been working on...

- ▶ Providing input for youth community health needs assessment
- ▶ Identifying (assets and opportunities) social determinants of health in our communities

## What we learned so far...


- ▶ We have learned how the health care system addresses public health needs in our communities
- ▶ How social determinants of health impact our communities (positively or negatively)
- ▶ What is a board of advisors and the boards function in the community



### *Dorchester Community*

- ▶ Marblehead High school
- ▶ 10th Grade
- ▶ 15 years old
- ▶ Fun fact: I love to cook, my favorite meal to cook is pasta.
- ▶ I've lived my whole life in my community.


Name and photo removed for privacy



*Brighton Community*

- ▶ Mary Lyon Pilot High School
- ▶ 12th Grade
- ▶ 17 years old
- ▶ Fun fact: I like taking pictures of the sky.
- ▶ I've lived in Brighton for 15 years.

Name and photo removed for privacy



*Mission Hill/JP Community*

- ▶ Boston Latin Academy
- ▶ 10th Grade
- ▶ 15 years old
- ▶ Fun fact: I lived in China and Japan for 3 months.
- ▶ I've lived in my community for my whole life.


Name and photo removed for privacy



*Roxbury Community*

- ▶ Margarita Muñiz Academy
- ▶ 9th Grade
- ▶ 15 years old
- ▶ Fun Fact: I like to ride my bike around Franklin Park.
- ▶ I've lived in my community for 8 years, I moved to the United States when I was 7 years old from the Dominican Republic.

Name and photo removed for privacy



Facts about my Community!





WELCOME TO  
BRIGHTON  
CITY OF BOSTON  
MAYOR THOMAS M. MENINO


## Brighton

A lot of elementary and high schools in Brighton.

A lot of restaurants and fast-food options.

Family oriented neighborhood.

I enjoy walking around my neighborhood, its pedestrian friendly.



WELCOME TO  
FIELDS CORNER  
DORCHESTER  
CITY OF BOSTON  
MAYOR MARTIN J. WALSH


## Dorchester

Caribbean Restaurants.

I like taking the train, it's very close to my house.

Everything is in walking distance.

Friends live close by can visit frequently.





WELCOME TO  
MISSION HILL  
CITY OF BOSTON  
MAYOR MARTIN J. WALSH


## Mission Hill

Really good restaurants

Reggie Lewis Center

Boston Center for Youth and Families Tobin Center. I applied for my first job with Successlink this summer.

College friendly neighborhood.



WELCOME TO  
GROVE HALL  
ROXBURY  
CITY OF BOSTON  
MAYOR THOMAS M. MENINO


## Roxbury

Large latino/hispanic population

Zoo and Franklin Park walking distance

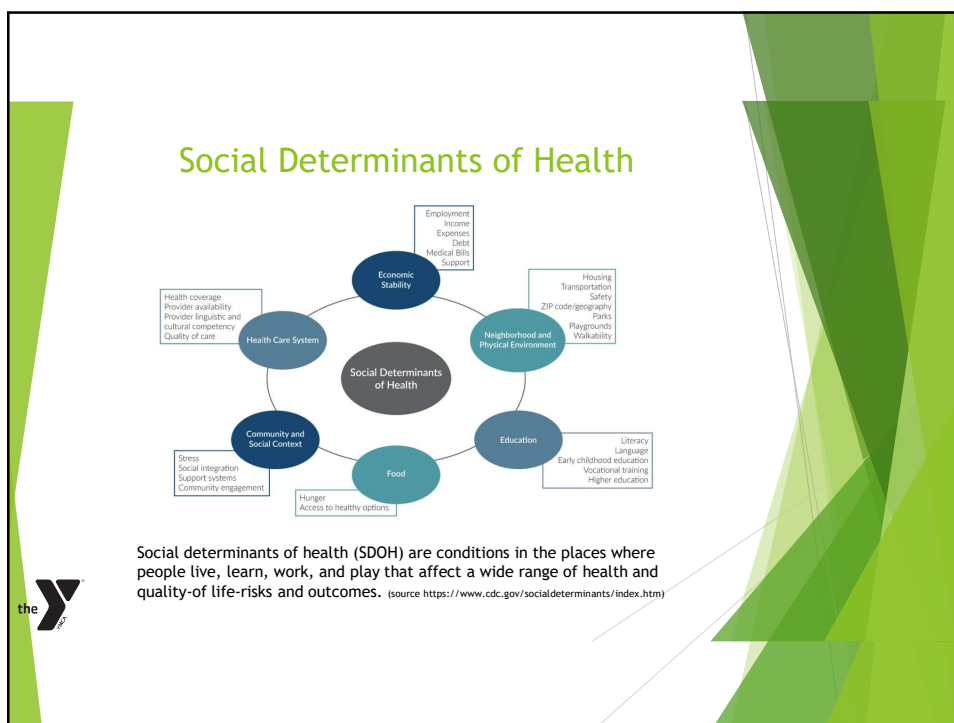
Tight nit community, everyone helps each other out.

I like the many Latino/Hispanic food options in my community.





# Social Determinants of Health in Our Communities

## What assets and opportunity mean to us...

### Assets

- ▶ Something of economic value.
- ▶ Provide a future benefit.
- ▶ Something of value that can help improve the quality of life.

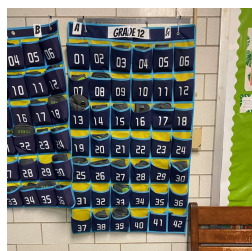
### Opportunity

- ▶ Things that could be worked on.
- ▶ Things that can be improved.
- ▶ Areas of growth.



## Brighton

### Asset



Yonder Pouches  
*(Community and Social Context)*

### Opportunity



Safety in School  
*(Neighborhood and Physical Environment)*



## Dorchester

### Asset



Access to Transportation  
*(Neighborhood and Physical Environment)*



### Opportunity



Access to Affordable Housing  
*(Neighborhood and Physical Environment)*

## Mission Hill/JP

### Asset



Access to Health Care  
*(Health Care Systems)*



### Opportunity



Access to Supermarkets  
*(Food)*

## Roxbury

### Asset

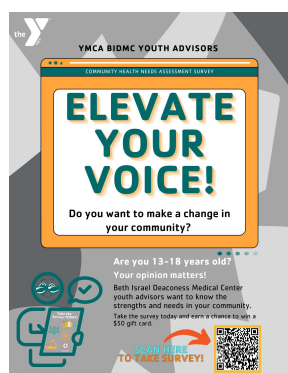


Access to Transportation  
*(Neighborhood and Physical Environment)*

### Opportunity

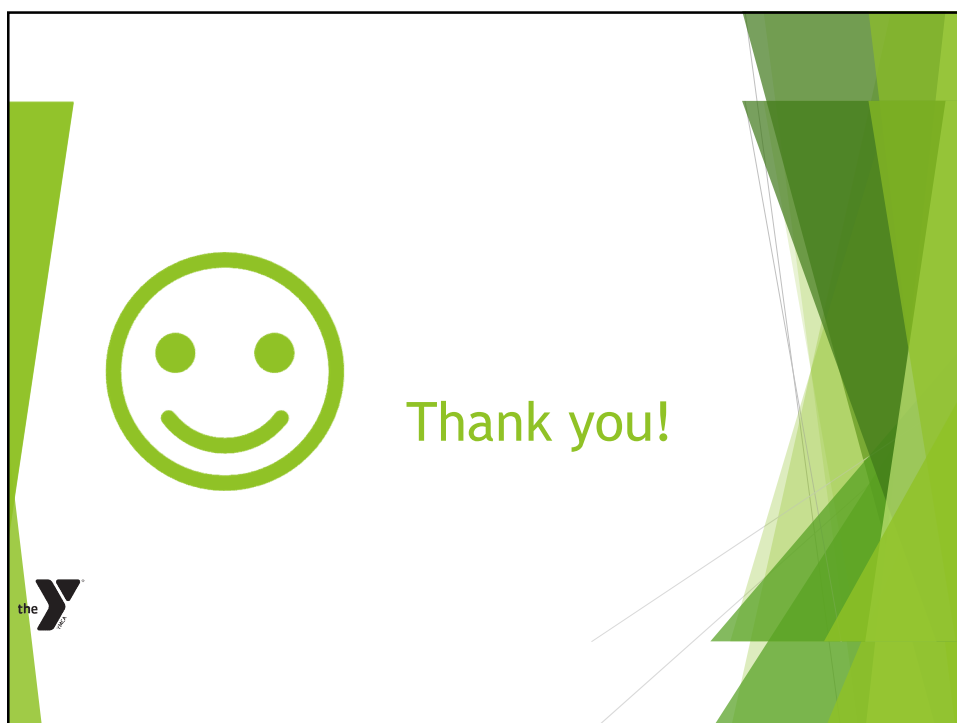
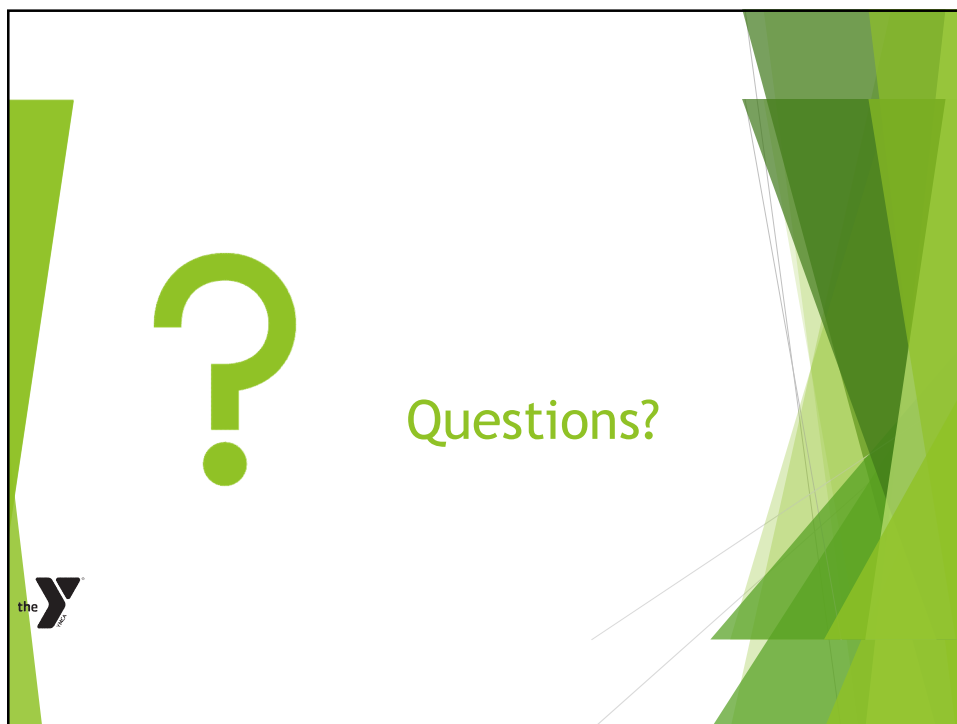


Peace Garden in Egleston Sq  
*(Community and Social Context)*



## What's Next...

- ▶ Community Health Needs Assessment Survey
  - ▶ Currently collecting data (now through January 2022)
  - ▶ Data will be reviewed to identify needs and solutions in communities.
  - ▶ Learn/identify strategies to address issues in our communities.



# Community Health Needs Assessment (CHNA) (Preliminary Findings)

December 2021

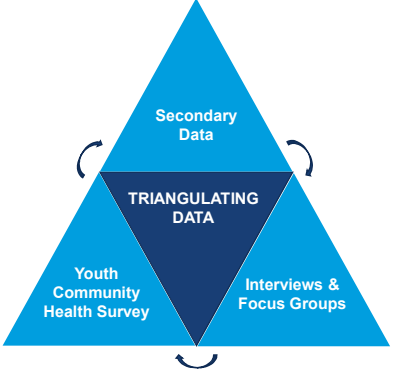
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## CHNA Progress Data Triangulation

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**Considerations:**

- Balancing qualitative themes with secondary data
- Variations among Community Benefit Service Area (CBSA) communities (e.g., demographics, socioeconomics, availability of resources)
- Understanding priorities, barriers, and gaps for hardly reached populations
- Characteristics of survey respondents




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### CHNA Progress Activities to date

#### Collection of secondary data, e.g.:

- ✓ Massachusetts Department of Public Health
- ✓ Center for Health Information and Analytics (CHIA)
- ✓ County Health Rankings
- ✓ Behavioral Risk Factor Surveillance Survey
- ✓ Youth Risk Behavior Survey
- ✓ US Census Bureau

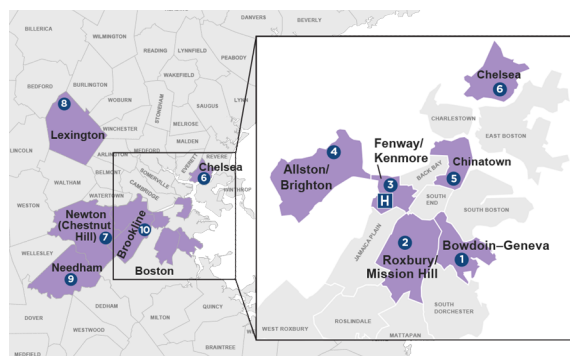
 **16 Key Informant Interviews**

 **5 Focus Groups**  
 -Spanish-speaking essential workers (2 groups)  
 -Individuals impacted by violence and/or incarceration  
 -Cantonese-speaking immigrants  
 -Youth Advisors

#### Coming Soon

 **Youth Survey Responses**

### CHNA Progress Community Benefits Service Area



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 Beth Israel Deaconess Medical Center

#### Community Benefits Service Area

-  Beth Israel Deaconess Medical Center
-  Bowdoin Street Health Center
-  The Dimock Center
-  Fenway Health
-  Charles River Community Health
-  South Cove Community Health Center
-  Beth Israel Deaconess Healthcare-Chelsea
-  Beth Israel Deaconess Healthcare-Chestnut Hill
-  Beth Israel Deaconess Healthcare-Lexington
-  BIDMC Cancer Center
-  BIDMC Pain Center

### CHNA Progress Organizations engaged

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**Boston/Regional:**

**Health**  
Local Health Authority / CBOs, Community Care Alliance

**Youth**  
After-school, youth jobs, skill development

**BIPOC**  
Faith-based orgs., immigrant, social-justice, essential workers

**LGBTQ**  
Parent advocates, health, social justice

**SDOH**  
Economic development / mobility, housing, workforce, violence/trauma

**Additional Orgs.**  
Women's business enterprises

**Chelsea:**

Health, regional planning, local hospitals / health centers, environmental justice, housing, mental wellness

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**Engaged by BIDMC and New England Baptist Hospital:**

**Brookline**  
Municipal leaders

**Newton (Chestnut Hill)**  
Municipal leaders

**Lexington**  
Municipal leaders

**Needham**  
Municipal leaders  
Needham Community Council  
Council on Aging  
Human Rights Committee

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### Regional Collaborations Boston and Chelsea

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**Boston CHNA-CHIP Collaborative**

- Exclusive focus on Boston
- Primary data collection running from October through January/February
- Prioritization process will begin in March
- City of Boston Department of Health and Human Services serving as back-bone organization
- 2019 health priorities: housing affordability and access, economic mobility, mental health & behavioral health, and accessing services

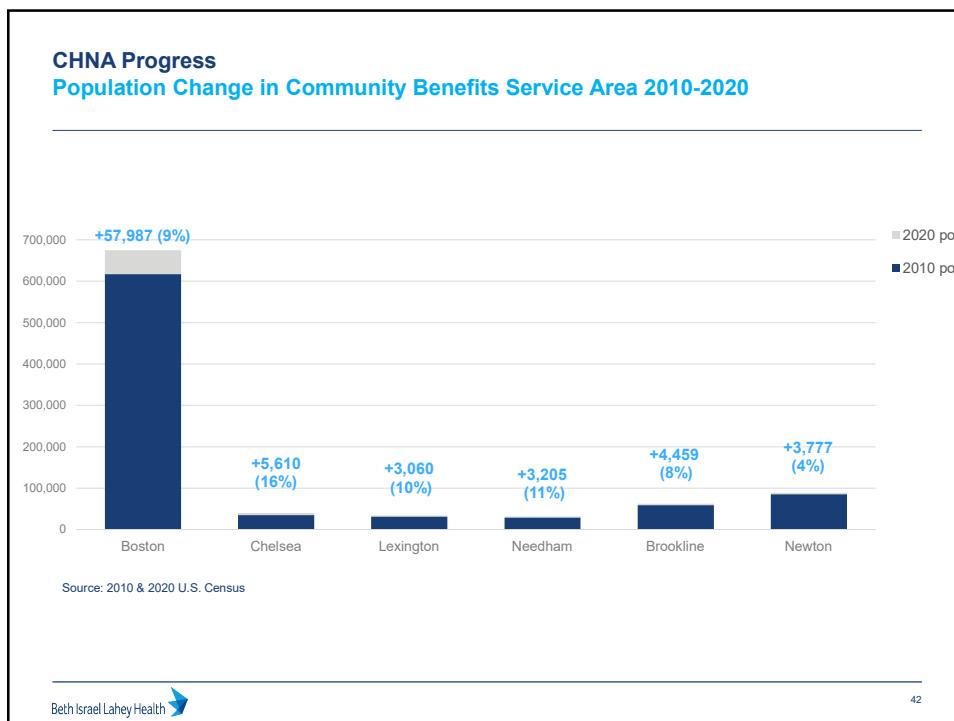
**North Suffolk Public Health Collaborative**  
an initiative of the communities of Revere, Chelsea and Winthrop

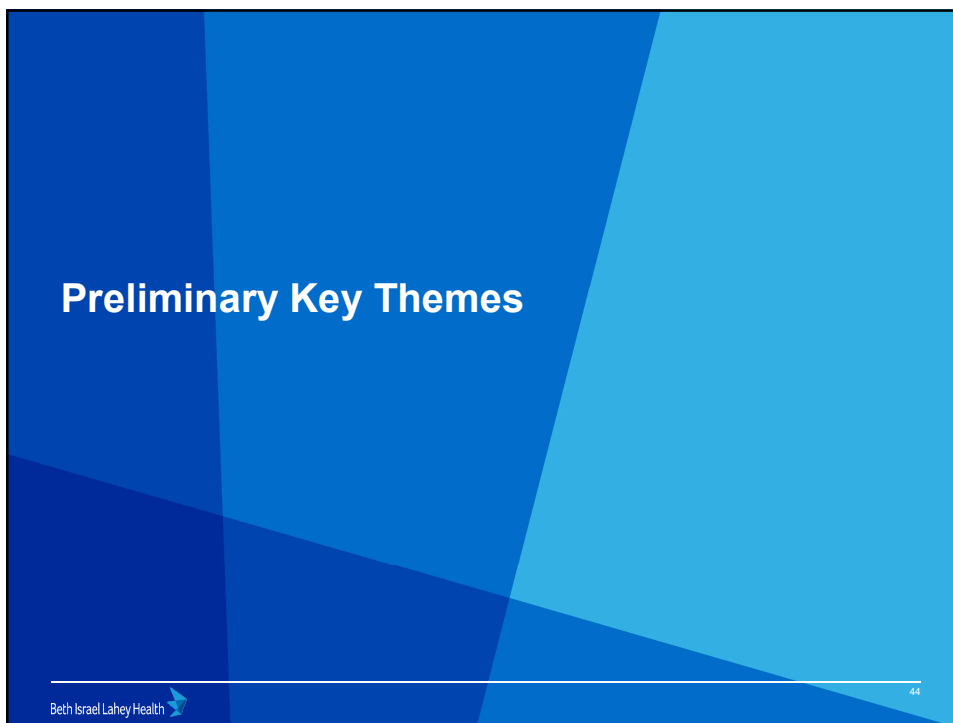
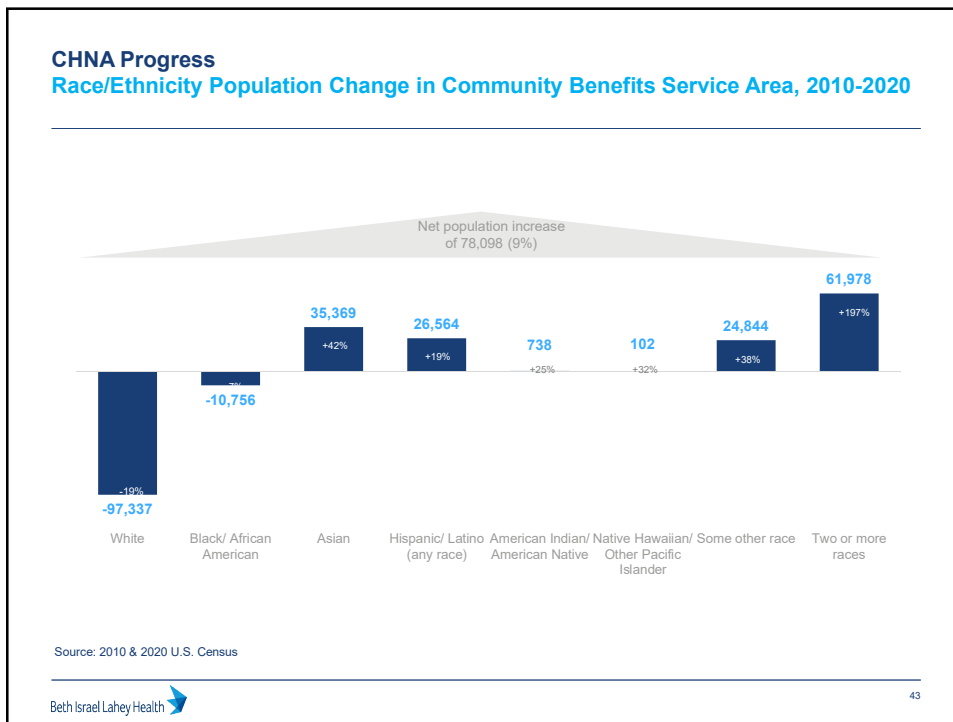
- Focus on Chelsea, Revere and Winthrop
- Primary data collection running from November through December
  - Community survey launched in November; closing on December 15
- Prioritization process will begin in April
- Metropolitan Area Planning Council (MAPC) serving as the lead organization
- 2019 health priorities: housing, behavioral health, economic stability & mobility, and environmental health impacts

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### CHNA Progress Preliminary Key Themes

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- **Social determinants of health**
- **Diversity, equity, inclusion**
- **Mental health**
- **Access to care and services**

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### CHNA Progress Preliminary Themes: Social Determinants of Health

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**Primary concerns:**

- Lack of affordable housing; gentrification and impacts of development in Boston neighborhoods
- Economic insecurity/high cost of living
- Food insecurity
- COVID exposed existing SDOH issues that inhibit access to care (e.g., transportation, internet access), especially for people of color and non-English speakers

When asked what they'd like to improve in their community, **59%** of BILH Community Health Survey respondents reported




***"more affordable housing"***  
(#1 response)

**Percentage\* worried about paying for one or more type of expense/bills in the coming weeks (Fall 2020)**

City	Percentage
Boston	43%
Chelsea	57%
Brookline	22%
Lexington	17%
Needham	15%
Newton	22%

\*Unweighted percentages displayed Data source: COVID-19 Community Impact Survey, MDPH

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**CHNA Progress**  
**Preliminary Themes: Diversity, Equity, and Inclusion**

- Significant recognition of how trauma, stress, anxiety of racism and discrimination affects health
- Concerns about discrimination against LGBTQ+ population, especially transphobia
- Racial and ethnic disparities in health care access and outcomes were further exposed by COVID
- Need more recognition and supportive services for non-English speakers and undocumented populations

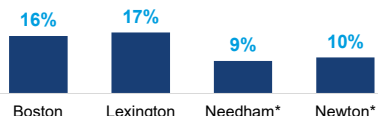
*“The inequities that have been impacting Black and Brown people are still happening today, over 18 months later. We have corporations and government and city officials talking about these disparities in health access, in food, in access to affordable and safe places to live.”*

**– Key informant**

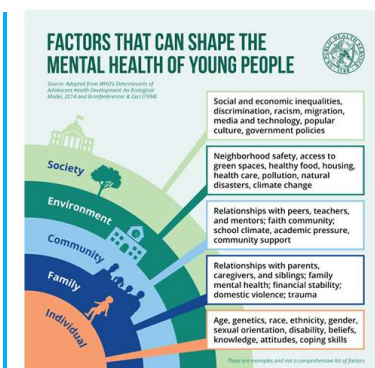
**CHNA Progress**  
**Preliminary Themes: Mental Health (Youth)**

- Significant prevalence of stress, anxiety, behavioral health issues
  - Exacerbated by COVID
- Increase in behavioral health issues resulted in difficulties for educators and in-school providers/staff

**Percentage High Schoolers Reporting Suicidal Ideation**



Data from Youth Risk Behavior Survey 2019 (\*2018); data in other communities available in previous years



Protecting Youth's Mental Health: the U.S. Surgeon General's Advisory, 2021.

**CHNA Progress**  
**Preliminary Themes: Mental Health (Adult)**

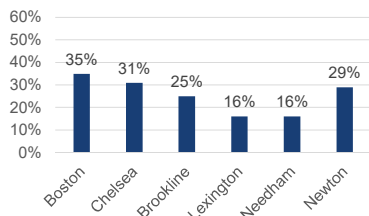
**Mental health issues exacerbated by COVID – anxiety, stress, depression, isolation**



*“We need more mental health services that are not rooted in the white dominant culture, but that are rooted in people’s cultural experiences.”*

*Key informant*

**Percentage\* with 15 or more poor mental health days in the past month (Fall 2020)**



*\*Unweighted percentages displayed*

*Data source: COVID-19 Community Impact Survey, MDPH*

**CHNA Progress**  
**Preliminary Themes: Access to Care**

**Difficulty accessing care because of:**

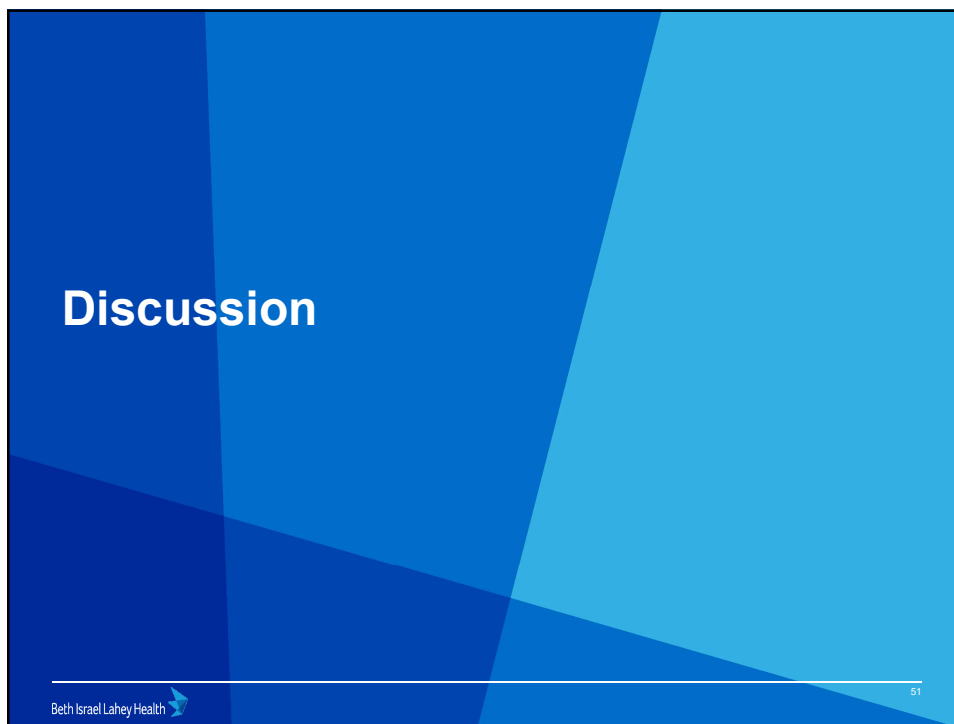
- Long wait times
- Lack of providers
- Cost/insurance
- Language barriers
- Immigration status

**Difficulties navigating and understanding healthcare system and insurance**



*“People don’t have the best healthcare plans, if they have access to healthcare at all. If you have high deductibles, you’re less likely to go to the hospital or to go to the doctor to get help. If you’ve got no healthcare, then that puts you in the emergency ward.”*

*– Focus group participant*



**Discussion**

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- 1. Do these key themes resonate with you? Why or why not?**
- 2. Are there critical community health issues you did not see reflected in these findings?**
- 3. Substance use did not emerge as a key theme across the CBSA. What are your thoughts?**
- 4. What does the community need to see/know to help with prioritization at the CLS?**

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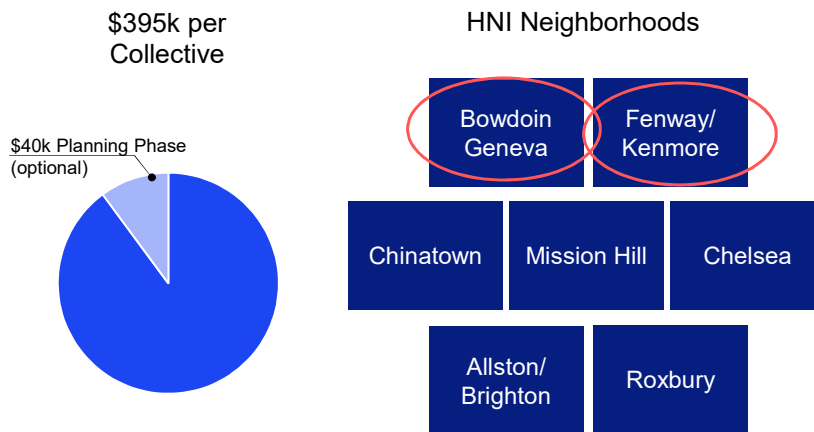
# HEALTHY NEIGHBORHOOD INITIATIVE

## PLANNING PHASE UPDATES

Presented to: BIDMC Community Benefits Advisory Committee  
Prepared by: MXM Research Group LLC  
December 14, 2021



## HNI Background & Context



Source: HNI Request for Proposals (2021)

## Planning Phase Evaluation

### Questions:

- How are Collective members working together to achieve their goals?
- How do the Collectives ensure a diverse set of voices and perspectives are included - especially those who are not usually at the table - in their community engagement?
- How can the Collective enhance what is working well and improve what is not?
- What is working and what can be improved about the Healthy Neighborhood Initiative process?



Meeting observation & document review



Surveys at Collective & public meetings



Interviews



## Healthy Bowdoin Geneva

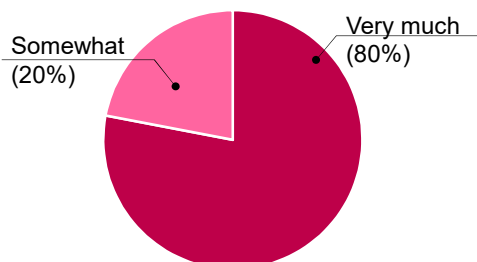
- **Collective membership**
  - Twelve organizations; seventeen people, six of whom are residents
- **Collective structure**
  - Two meetings per month, partnered with equity-focused consulting firm
- **Community engagement**
  - Three in-person community meetings, four multi-platform focus groups, survey reaching 280 people
- **Project selection**
  - Social capital as the identified area of greatest strength and need; voting; proposal sent 12/3



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## Healthy Bowdoin Geneva

How much did you feel like your perspective was valued at the Collective meeting? (11/22)



*“We are getting to know each other better every week. Participants are becoming excited about possibilities for working more closely to better our community.”*

-Collective member,  
November 22, 2021

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## We're Here for You: Fenway/Kenmore

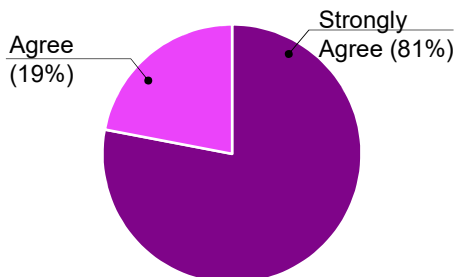
- **Collective membership**
  - Seven organizations; twelve people, five of whom are residents
- **Collective structure**
  - Primarily small group meetings, asynchronous, in-kind donations of time and resources
- **Community engagement**
  - Three virtual Community Conversations, five in-person focus groups, survey reaching ~1400 people
- **Project selection**
  - Collective and Community feedback; proposal anticipated 12/15



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## We're Here for You: Fenway/Kenmore

All focus group and community conversations respondents **agreed**  
**"I felt like my opinions were valued at this meeting"**



*"We have a different relationship... than before. It wasn't an easy process but [staff] kept everybody on the same page."*

-Collective member, November 22, 2021

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## Project Evaluation Questions

### Sample draft questions:

- How has the Collective developed its relationships, collaboration, and ability to engage community members?
- How have the projects and Collective development contributed to the goals and needs identified in the community engagement process? Do the outcomes align with the project's intended design? Did other outcomes emerge from this project?
- How has the Collective adapted the project to ongoing and/or emerging community needs/input?
- Are residents and Collective members satisfied with the process, timing, and outcomes?

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## Project Evaluation Phases



### Evaluation Design Jan – March 2022

- Integrated with Collective/ community kick-off
- Refine questions, criteria of success, meaningful data with Collective members



### Data Collection April 2022 – July 2023

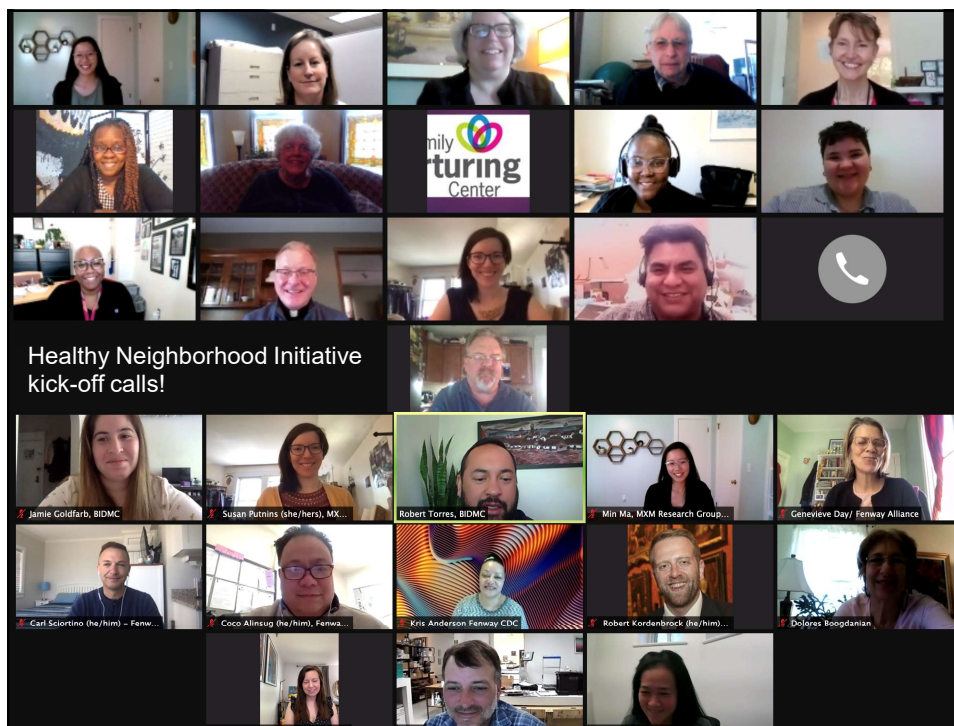
- Ex. Surveys, report-backs, focus groups, network mapping, ripple effect mapping
- Suggested budget for translation and incentives



### Report & Use July 2022 – Aug 2023

- Alternating quarterly brief reports/deep dives with Collective
- Public meeting & share-out summer 2023

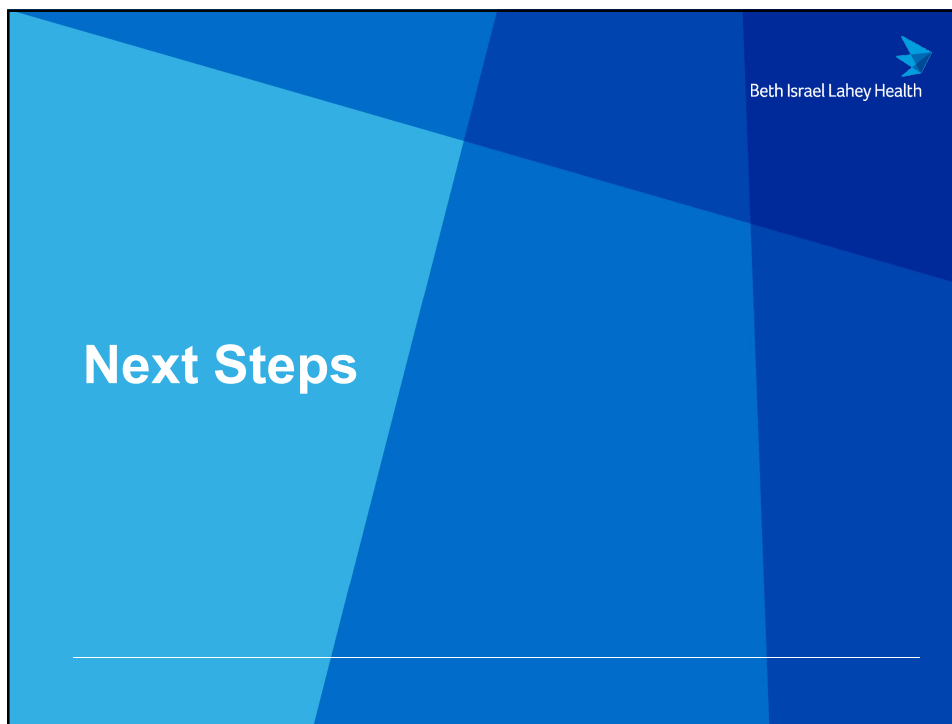
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## Healthy Neighborhoods Initiative Next Steps



- Allocation Committee reviews project proposals in January
  - Collectives begin implementing their projects
  - Project must be completed by August 2023
- BIDMC integrates feedback into the 2022 Healthy Neighborhood Initiative RFP process
  - Release RFP in February for Chinatown and the city of Chelsea
- RFPs released in February 2023 for Allston/Brighton, Mission Hill, and Roxbury



## Next Steps



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- **Attend and help promote Community Listening Sessions (CLS):**
  - January 19<sup>th</sup> at 12:00 pm
  - January 27<sup>th</sup> at 6:00 pm
- **CLS facilitation training sessions – Help recruit local resident facilitators!**
  - January 10th at 3:00 pm
  - January 11th at 2:00 pm
- **Future CBAC meetings:**
  - March 22
  - June 28
  - May 22
  - September 8
- **Please email your AGO Community Representative Feedback Form by January 14<sup>th</sup> and please copy the Community Benefits team**
- **Please email the Community Benefits team your update COI Disclosure Statement by January 14<sup>th</sup>**
- **HRIA Survey – Link is in the chat**

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# September 28, 2021 Meeting Minutes

**Community Benefits Advisory Committee (CBAC)**  
**Annual Community Benefits Public Meeting**  
**Meeting Minutes**  
**Tuesday, September 28, 2021, 5:00 PM - 7:00 PM**  
**Held Virtually Via Zoom**

**Present:** Alberte Altine-Gibson, Flor Amaya, Walter Armstrong, Maia Betts, Elizabeth (Liz) Browne, Alexandra Chery Dorrelus, Shondell Davis, Lauren Gabovitch, Richard Giordano, Jamie Goldfarb, Nancy Kasen, Barry Keppard, Kira Khazatsky, Angie Liou, James Morton, Sandy Novack, Joanne Pokaski, Richard Rouse, Anna Spier, Robert Torres, LaShonda Walker-Robinson, Fred Wang

**Absent:** Alex Oliver-Dávila, Triniese Polk, Jane Powers, Melody Route-Satchell

**Guests:** Carrie Jones, John Snow, Inc. (JSI), Project Coordinator; Emmy Porto, North Suffolk Mental Health Association, Director of Community-Based Services; Annie Rushman, Health Resources in Action (HRiA), Senior Associate; Karina Teixeira, YMCA of Greater Boston, Executive Director of Teen Development

21 members of the public were also in attendance.

**Welcome and Introductions**

Nancy Kasen, Vice President, Community Benefits and Community Relations, Beth Israel Lahey Health (BILH), welcomed everyone and thanked them for joining the Annual Community Meeting. Nancy then reviewed the agenda.

Nancy introduced Maia Betts, Chief Behavioral Health Officer at The Dimock Center, as a new member to the Community Benefits Advisory Committee (CBAC), filling the role previously held by Holly Oh, MD.

Nancy also introduced Alberte Altine-Gibson, the Community Health Manager at The Bowdoin Street Health Center, as a new member to the CBAC, filling the role previously held by Phillomin Laptiste.

Nancy then welcomed Kira Khazatsky, the Chief Operating Officer at JVS to the CBAC. Kira fills the role previously held by Jerry Rubin.

The minutes from the June 22<sup>nd</sup> CBAC meeting were reviewed and accepted.

Nancy provided a brief overview of BIDMC's Community Benefits Service Area and priorities. Nancy then shared the four health priorities identified during the 2019 Community Health Needs Assessment (CHNA): social determinants of health, chronic disease management and prevention, access to care, and behavioral health. She also shared BIDMC's priority cohorts: older adults; youth and adolescents; racially/ethnically diverse/limited English proficiency; low-income; Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual (LGBTQIA+); and families affected by incarceration and/or violence.

**Public Comment**

There were no oral or written public comments shared during this meeting.

## **Community-based Health Initiative Updates**

Anna Spier, Manager of Community Benefits at BIDMC, provided a brief overview of BIDMC's Community-based Health Initiative (CHI). Anna shared that through an extensive community engagement process the CBAC selected four priority areas for funding: Housing Affordability, Jobs & Financial Security, Behavioral Health, and Healthy Neighborhoods. Following the selection of the priorities, Boston-based organizations applied for funding through a Request for Proposals (RFP) process. Organizations applied to one of three funding tracks: cross-sector partnerships for systems change, focused investments, and capacity building seed funding. After a competitive process, BIDMC's Allocation Committee awarded 16 grantees approximately \$6.6 million in funding to address housing affordability, jobs and financial security, and behavioral health. Anna explained that the fourth priority area, Healthy Neighborhoods, is being conducted through a separate process and will be discussed later in the meeting. Additionally, the City of Chelsea was awarded a \$270,000 grant to address behavioral health.

In July, the 16 grantees completed their evaluation planning period and submitted a 6-month progress report to BIDMC. Overall, grantees appreciated having the 6-month planning period and felt it added value to their work. Many reported an increase in their evaluation capacity and appreciated the tailored assistance they received from the independent evaluator, Health Resources in Action (HRiA). Grantees also reported challenges such as program recruitment, hiring, and the impact that COVID-19 has had on their work. A few grantees also expressed wanting more opportunities to network with each other and BIDMC staff; in response to this request, BIDMC Community Benefits staff will be hosting a virtual grantee gathering at the end of October.

Anna then introduced Emmy Porto, Director of Community-Based Services at North Suffolk Mental Health Association (NSMHA). Emmy shared that NSMHA is using CHI funds to support a behavioral health program called Latino Community Advance Response Team (CART), a clinical intensive case management program exclusively for uninsured and underinsured Chelsea immigrant residents. Latino CART aims to increase access to behavioral health services and connect individuals to community resources to improve stability. Emmy shared program successes and challenges during the first year and how they are using a new evaluation tool to enhance their program.

Robert Torres, Boston Region Director of Community Benefits, Beth Israel Lahey Health, gave an update on the Healthy Neighborhoods Initiative. Robert explained the purpose of the Healthy Neighborhoods Initiative is to address the unique assets and needs of each community. The first two neighborhoods participating in this initiative are Bowdoin/Geneva in Dorchester and Fenway/Kenmore. The selected Collectives, Healthy Bowdoin Geneva and We're Here for You: Fenway/Kenmore, are currently conducting community engagement activities to inform their project selection. Both Collectives are also working with MXM Research Group, a minority and women-owned business enterprise (MWBE), to help guide the evaluation of the initiative.

## **FY 21 Community Benefits Program Updates**

Alberte provided a brief update on some of the Community Benefits work being done at Bowdoin Street Health Center (BSHC). At the beginning of the pandemic the health center recognized the need to increase access to food for high-risk patients and families. To address these needs, BSHC set up a food delivery program for members of their community to access fresh produce and other pantry items. Alberte also shared other food access programs run by BSHC such as Supplemental Nutrition Access Program (SNAP) enrollment (available to the entire neighborhood), a partnership with Fresh Truck, and farmers market coupons. Alberte also shared that one of their Community Health Workers applied for and



received a grant to restore an existing community garden. With the support of this funding and in-kind support from BIDMC, the garden has been renovated and continues to be a place where the community can come together.

Anna then introduced Karina Texiera, Executive Director of Teen Development at the YMCA of Greater Boston. The YMCA and BIDMC have established a partnership to pilot a nine-month youth program to engage six high school aged students in the upcoming Community Health Needs Assessment (CHNA) and Implementation Strategy (IS). Anna shared that in previous Boston CHNA cycles, the youth voice has been underrepresented. The aim of this program is to elevate and center the youth voice in the CHNA process and provide youth with a more meaningful “seat at the table.” Karina shared that the paid youth advisors will learn about the role of healthcare organizations, health equity, social determinants of health, community engagement and other related topics. Students will have the opportunity to apply these learnings by participating in a focus group, distributing surveys, and presenting to the CBAC. By the end of the program students will have gained workforce skills, engaged with their communities and informed the CHNA and IS.

### **FY 22 Community Health Needs Assessment (CHNA)**

Robert shared that all BILH hospitals, including BIDMC, are preparing for the launch of the tri-annual CHNA and IS. He explained that the CHNA is the hospital’s opportunity to work with the community, to deeply engage with residents across the CBSA and identify their leading and emerging health needs, and work collaboratively to address prioritized needs. Robert shared that the CHNA and IS will be rooted in equity, collaboration, engagement, and capacity building.

Robert then provided an overview of the timeline and opportunities for individual and community engagement. In collaboration with the Boston CHNA-CHIP Collaborative, a regional partnership with Boston-based hospitals, community-based organizations, and residents, BIDMC will conduct focus groups, key informant interviews, and possibly distribute community surveys. The information collected, in addition to secondary data, will inform the prioritization process that will happen at the community listening sessions in January 2022. The prioritization process is where the community will prioritize the needs identified during the data collection process and discuss strategies and solutions for how to best address the needs. Robert shared that survey collection across BILH will begin this fall and that the survey will be available in 11 languages.

John Snow, Inc (JSI), public health and health system consultants, were selected as the vendor to assist in conducting the CHNA and IS with all ten BILH hospitals. Throughout this process, BILH aims to build community capacity. To support this commitment, JSI is hosting facilitation trainings to share best practices for focus group facilitation. Robert shared that these sessions are open to individuals who will co-facilitate a CHNA focus group or listening session, and to individuals looking to build their confidence and capacity in facilitation.

### **Adjourn**

Jamie Goldfarb, Community Benefits Program Administrator at BIDMC, highlighted how people can contact the Community Benefits team. Jamie also shared resources and opportunities to participate in BIDMC’s CHNA and other regional assessment efforts. She then shared that the next BIDMC CBAC meeting will be held on December 14, 2021. Jamie thanked everyone for joining the meeting.